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PTO/SB/21 (04-04)

Approved for use through 07/31/2008. OMB 0851-0031

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<b>TRANSMITTAL FORM</b>  <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/077,685	
	Filing Date	Feb 14, 2002	
	First Named Inventor	Smith, Garrett	
	Art Unit	3682	
	Examiner Name	Charles, Marcus	
Total Number of Pages in This Submission	2	Attorney Docket Number	2607.008

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request for Withdrawal as Attorney or Agent and Change of Correspondence Address
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Firm or Individual name	SINSHEIMER, SCHIEBELHUT & BAGGETT	
Signature		
Date	November 12, 2004	

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. 703-872-9308		
Typed or printed name	Thomas F. Lebens	
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PTO/SB/83 (09-04)

Approved for use through 11/30/2005. OMB 0951-0035

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**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT  
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Application Number	10/077,665
Filing Date	Feb. 14, 2002
First Named Inventor	Smith, Garrett
Art Unit	3682
Examiner Name	Charles, Marcus
Attorney Docket Number	2607.008

To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ the attorneys/agents associated with Customer Number **26375**

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are: Client requested transfer of files to in-house counsel.

**CORRESPONDENCE ADDRESS**

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:

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**23470**

OR

☒ Firm or Individual Name **SRAM Corporation**

Address **1333 N. Kingsbury, 4th Floor**

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Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Signature

Name **Thomas F. Lebens**

Registration No. **38221**

Date **November 12, 2004**

Telephone No. **(805) 781-2865**

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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